The Injection of the Serum of Pregnancy in the Toxemia of Gestation.—RÜBSAMEN (*Zentralb. f. Gyn.*, No. 21, 1911) has endeavored to modify acute toxemia of pregnancy by injections of the serum of a pregnant patient. No results followed the treatment.

Tuberculosis in Pregnancy.—SCHAUTA (*Monatss. f. Geb. u. Gyn.*, 1911, Band xxxiii, Heft 3, S. 265) discusses the question as to whether tuberculosis advances more rapidly during pregnancy and what should be done regarding the cases. The majority of clinicians believe that the disease progresses actively in pregnancy, 73 per cent. become worse, and 45 per cent. of tuberculous pregnant women die. Old cases relapse in 68 per cent. The change is most apparent some weeks or months after confinement, although such patients may, apparently, have been better during pregnancy. As regards the treatment of these cases, the German sanatoria find that only one-fourth of those treated after four years time have been able to earn anything at work; probably not 25 per cent. recover. Many sanatoria exclude pregnant cases, because of the unfavorable prognosis. The results of Norwegian observers show a mortality of 50 per cent. in cases treated in sanatoria. Among patients having every care, 29 per cent. grow worse during pregnancy. Children born of such mothers rarely live to be twenty. As regards the induction of labor in the first stage of tuberculosis, it is beneficial in 89 per cent.; in the second stage, in 83 per cent.; and in the third stage, in 25 per cent. Where pregnancy was interrupted in the first month, 91 per cent. improved. It is the duty of the physician then to interrupt pregnancy as early as possible. In addition it seems best to sterilize these patients, as tuberculous women conceive easily, and this had best be done by removing the Fallopian tubes.

The Treatment of Abortion Complicated by Fever.—TRAUGOTT (*Zeit. f. Geb. u. Gyn.*, 1911, Band lxviii, Heft 2) has observed 147 cases of puerperal patients having fever, of whom 58 had labor at term. Of these, 10 died, a mortality of 17.2 per cent. Of the remaining 89, 79 had abortion in the first half of pregnancy, usually from the first to the fifth month. Of these there died 13, 16.4 per cent. To investigate the mortality of these cases further, a study was made by bacteriological examination of the blood and uterine contents. Several groups of bacteria were found in the uterus, growing as saprophytes in the decomposing connective tissue and invading the living tissues. These germs produced simply a bacteriotoxic endometritis. The severity of the clinical symptoms depend upon the quantity of bacteria produced and whether or not the discharge has free exit from the uterus. Among these germs were colon and paracolon bacillus, yellow and white, staphylococci which do not produce liquefaction, Proteus vulgaris, sudodiphtheritic bacillus, and other bacilli. These bacteria are capable, either alone or in combination, of producing toxins whose absorption may cause severe symptoms. These bacteria, under favorable circumstances can be recognized in the blood, from which they often disappear without causing metastases. The most favorable time to recognize them is while the patient is having a chill, and they are also found in material removed from the uterus by curetting. When they have been diagnosticated by examination, the treatment consists in emptying the uterus, and if no other bacilli are present, the patient immediately improves. The temperature falls to nearly normal, leukocytosis is less, chills cease, and the patient makes a speedy recovery. One can determine to empty the uterus or to let it alone in accordance with the germs found in its contents. The emptying of the uterus is done by the finger, and a list of 36 cases is appended, showing uninterrupted recovery. These cases were those in which there could be no doubt concerning the fact that saprophytic mucosis was the condition present in the uterus. When streptococci are present the conditions and history of the case are very different. Fever is present for a longer or shorter time after the emptying of the uterus, metastases develop in the genital organs or in other organs, and in a considerable number a fatal result follows. The recognition of streptococci puts the case in the category of those in which interference should not be practised, as each local disturbance lessens the patient's power of resistance and practically results in a fresh infection. Treatment is carried out practically as follows: If a primary examination shows no indication for emptying the uterus, a bacteriological examination of its contents is made by first disinfecting the external genitals, disinfecting the hands and using rubber gloves, introducing a sterile speculum and exposing the cervix, drawing it down with tenaculum forceps, carefully cleansing the surrounding tissues, and introducing Walthard's pencil into the uterine cavity. This pencil is seized with dressing forceps and the secretion of the uterus removed; twenty-four hours later growth of bacteria can be determined and an idea formed of the character of the bacteria present. Decision is then made to immediately empty the uterus or to wait. If the former course is chosen, the external genitals are thoroughly disinfected, and with the finger covered with a rubber glove, any debris, which easily separates, is removed from the uterus; the uterus is pressed down by the external hand, so that a complete and thorough examination of its interior can be made at the same time. The cavity is then packed with xeroform gauze and the vagina also tamponed with the same material. Intra-uterine injections are avoided, because of the danger of spreading the infection. Particles of retained material will be completely separated by uterine contractions and will come away with the gauze, and the uterus is kept well contracted by the administration of some preparation of ergot. To aid in this a firm vaginal tampon is also used. In cases where the cervix is closed after abortion, the effort is made to secure spontaneous dilatation by the use of the vaginal tampon. If this fails, a laminaria tent is placed in the cervix. Placental forceps and the curette are carefully avoided. In cases of streptococcus infection delay is practised, the patient is given absolute rest and the best possible diet, and if no bad symptoms develop, this form of treatment is pursued without interruption. Examination is made of the blood and uterine contents, and importance is given to the leukocytosis as expressing in some degree the patient's power of resistance. The effort is made to wait until the primary uterine infection has subsided, when the uterus is explored by the gloved finger, debris removed, and the gauze packing used as in the first instance. Instruments are never introduced within the uterine cavity. Should the patient suffer from hemorrhage, the effort is made to control it by tamponing the vagina firmly and giving some preparation of ergot. This treatment usually secures, within twenty-four hours, the expulsion of any retained portion, and if hemorrhage persists, the tampon is renewed and a strip of xeroform gauze introduced within the cervical canal. This tampon is renewed in accordance with the abundance of the discharge, and is used as often as is necessary. It is the rule to find any retained material spontaneously expelled under this treatment. In cases infected by both the streptococcus and diplostreptococcus and gonorrheal bacteria, the same treatment has proved, in his experience, successful. The question as to whether the same sort of bacteria are found in the vagina and uterus in these cases is one of no practical importance, as there is no difficulty in removing the contents of the uterus if reasonable care be taken by the methods already described. As regards the danger of this manipulation, in several thousand cases no accident has occurred. To contrast these results with those of curetting, in 11 cases of abortion or premature labor in which the lochial discharge contained streptococci, treated with the curette, 5, or 45.5 per cent., died.

The Correction of Unfavorable Presentations in Breech Labor Caused by Impaction of the Arm.—SELLHEIM (*Zeit. f. Geb. u. Gyn.*, 1911, Band lxviii, Heft 2) calls attention to the fact that many of these complications arise from artificial rotation of the child's body, which loosens the arm from its normal position across the chest. The effort should be made to avoid such rotation, so far as possible, and it should be accompanied by gentle massage of the uterus, following down the uterus from above. After expulsion has been secured, spontaneous as much as possible, no interference is necessary; the operator must introduce the hand as high as possible and dislodge the impacted arm under complete anesthesia.

The Source of the Amniotic Liquid.—WOHLGEMUTH and MASSONE (*Archiv f. Gyn.*, 1911, Band xciv, Heft 2) have studied the composition of the amniotic liquid, and find reason to believe that it cannot be regarded as a fetal product only. It cannot also be considered entirely as a transudate from the mother's body. It is, however, derived from the blood of the mother. The experiments of the writers show that a normal substance of high molecular concentration circulating in the mother's blood passes directly into the amniotic liquid, and any variations in concentration of the mother's blood directly have influence upon the specific gravity of the amniotic liquid. These and other considerations demonstrate that the mother's blood is in direct relation with the amniotic liquid. Exactly how close is this relationship we do not as yet know. It is, however, sufficiently ascertained that while the mother's blood does not directly participate in the amniotic liquid, it can transmit substances to this appendage of the fetus.

Glycogen in the Placenta.—FLESCH (*Monatsschrift f. Geburts. u. Gynäk.*, 1911, Band xxxiv, Heft 1) has made investigations to determine the presence of glycogen in the placenta and in the glands of the uterine decidua. He examined 9 placentae at full term, 1 at seven months, 8 from abortions from six weeks to five months, 1 from tubal pregnancy, and 5 specimens obtained by curetting. He finds that